



03500.015881

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Jerry A. Lorengo
YUTAKA KAGAWA ET AL.)
: Group Art Unit: 1734
Application No.: 09/977,972)
:
Filed: October 17, 2001)
:
For: PIEZOELECTRIC FILM)
TYPE ACTUATOR, LIQUID)
DISCHARGE HEAD, AND)
METHOD OF MANUFACTURING:)
THE SAME) December 10, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop RCE

AMENDMENT

Sir:

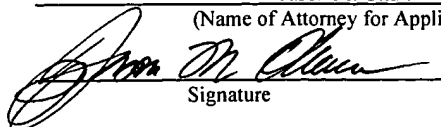
A. Introductory Comments

Prior to the continued examination on the merits, kindly amend the subject
application as follows:

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

December 10, 2004
(Date of Deposit)

Jason M. Okun
(Name of Attorney for Applicants)


Signature

December 10, 2004
Date of Signature



Application of:

YUTAKA KAGAWA ET AL.

Application No.: 09/977,972

Filed: October 17, 2001

For: PIEZOELECTRIC FILM
TYPE ACTUATOR, LIQUID
DISCHARGE HEAD, AND
METHOD OF MANUFACTURING
THE SAME

Docket No. 03500.015881

Examiner: Jerry A. Lorengo

Group Art Unit: 1734

Date: December 10, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 31	= 2	x \$25 \$50	\$100.00
INDEP. CLAIMS	* 6	MINUS	*** 4	= 2	x \$100 \$200	\$400.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$500.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.



☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 500.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

☒ A check in the amount of \$ 790.00 to cover the RCE fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Jason M. Okun
Attorney for Applicants
Registration No.: 48,512

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New York, New York 10112-3800
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